

Crawford Street Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crawford Street Surgery on 11 February 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, the practice recognised that clinical meetings needed to be minuted to provide documentary evidence of discussion of lessons learned and agreed decisions and action.
- Risks to patients who used services were assessed and managed. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were some deficiencies in safeguarding training, medicines management and in the documentation relating to the practice's recruitment processes. In addition, whilst there was an evacuation plan in place no fire drills had been undertaken in the last six months.
- Although CCG led clinical audits had been carried out to drive improvement, two practice initiated audits showing the completion of the full audit cycle had not been concluded at the time of the inspection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure all GP staff are trained in safeguarding children to the appropriate level in accordance with national guidance and address gaps in training in the safeguarding of vulnerable adults.
- Complete and record the risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit. Ensure a record of prescription pads batch numbers is kept to maintain prescription security.
- Ensure patients are fully protected against the risks associated with the recruitment of staff; in particular in ensuring all appropriate pre-employment reference checks are documented in staff records.

In addition, the areas where the provider should make improvements are:

- Ensure clinical meetings are minuted to provide an audit trail of discussion and agreed decisions and actions.
- Produce a written cleaning schedule to show work completed and record monitoring checks.
- Organise and document more regular fire drills.
- Ensure full cycle audits currently underway are completed.
- Display information in the patient waiting area about the practice's vision and values.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. The practice manager recorded all incidents on a log showing the details of the incident, the outcome of any investigation, action taken and lessons learned. The incidents log included reference to discussions of incidents within the practice but no minutes were taken to reflect these discussions.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff demonstrated they understood their responsibilities for safeguarding and we were told all had received safeguarding training. However, one of the GPs was unable to provide the certificate to evidence training to the level required in national guidance and commenced further training immediately after the inspection.
- Prescription pads were securely stored and there were systems in place to monitor their use. However, no record was kept of serial numbers of batch numbers to ensure full monitoring.
- Emergency medicines were available, were in date and fit for use. However, not all medicines recommended in national guidance were kept in the emergency kit. The practice had initiated a review of the guidance but by the time of the inspection had not yet completed a documented risk assessment of the reasons for not stocking the medicines excluded.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, we found that there were no written references on file for two staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed the majority of patient outcomes were at or above average for the locality and compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice participated in local CCG led audits. However, two practice initiated clinical audits showing the completion of the full audit cycle had not been concluded at the time of the inspection.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of staff appraisals and personal development plans, although this year's appraisals for the practice manager and practice nurse were outstanding at the time of the inspection.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. The practice proactively reviewed the results to identify areas for improvement.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had participated in a CCG pilot setting up Connecting Care for Children (CC4C) community clinics.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded

Good



Summary of findings

quickly to issues raised. Learning from complaints was shared with staff and other stakeholders, although there had been no minuted practice meetings in the last six months showing written evidence of this.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, underpinned by its statement of purpose which set out the aims and objectives of the service. Not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice. However, it was clear that staff were committed to the practice ethos of putting patients first.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, the practice recognised that weekly clinical meetings needed to be minuted to provide documentary evidence of discussion and agreed decisions and actions.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All elderly patients requesting an appointment or home visit were given an on the day telephone triage slot with the duty doctor to discuss their problems. Flu and pneumonia vaccinations were provided to older people in at-risk groups.
- There was a primary care navigator on site to support vulnerable older patients and facilitate access to a range of services.
- The practice had monthly multidisciplinary meetings which involved district nurses members of the local 'rapid response' team and the primary care co-ordinator, to discuss the elderly population and how best to tailor our care to prevent unnecessary hospital admissions.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients in this group had a named GP and the practice encouraged a face to face review with a doctor and nurse at least once a year for a full medical review and care plan for patients with long term conditions.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had introduced a health support worker to be based at the practice to help tackle to increasing number of patients with cardiovascular disease risks and obesity.
- The practice performance for the majority of 2014/15 QOF indicators for long-term conditions was above average. Performance for diabetes related indicators was above below the CCG and national average.

Good



Summary of findings

- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- 77% patients with asthma, on the register, have had an asthma review in the last 12 months that includes an assessment of asthma control. This was comparable with the national average of 75%.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.
- The practice had introduced on the day emergency appointments for children. All children/ young people could get a telephone triage on the day if the appointment was not booked.
- Appointments were also available outside of school hours and the premises were suitable for children and babies.
- All new mothers were sent out a congratulations card together with a pack inviting them to book for a 6-8 week post-natal mother and baby check and they were also provided with an immunisation schedule.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice offered weekly, child health, antenatal clinics and postnatal clinics, as well as family planning consultations and contraception services.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including on-line appointment booking and prescription ordering.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group. This included NHS health checks and patients identified as at

Good



Summary of findings

increased risk of developing heart disease, and other conditions such as hypertension and diabetes were offered health promotion advice, and referred to an in-house smoking cessation advisor and a health trainer for support and advice on obesity.

- There was a daily telephone consultation and triage services where doctors could speak to patients not able to make appointments during normal clinic hours.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. All patients with learning disabilities were invited to attend a full health review once a year.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 85% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for QOF mental health related indicators was above the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- There was an in-house counsellor who followed up patients for 12 weeks and a mental health nurse from the local primary care plus (PCP) service providing a session every week.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a single point of access number for patients with mental health problems, and could refer patients or patients could self-refer to the local Improving Access to Psychological Therapies (IAPT) programme.
- All mothers with post-natal depression are followed up by the GPs and the health visitor informed so checks on mother and baby can be performed.
- The practice had started to identify patients who suffer with memory problems and prompted early referrals to a local memory clinic.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 455 survey forms were distributed and 80 were returned. This represented a response rate of just over 18% and just under 2% of the practice's patient list.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 82% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 71%, national average 73%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

The majority of the 31 comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three patients commented on the delay in getting a routine appointment and two were concerned that the practice management was changing in April 2016.

We spoke with a patient's carer and 10 patients during the inspection including three members of the practice's patient participation group. All of these patients said they were happy with the care they received and thought staff were approachable, committed and caring. There were some negative comments about waiting times for appointments and two patients were unhappy about forthcoming change in practice management. In response to the ongoing NHS Friends and Family Test, 100% of patients (of 8 who responded) would recommend the practice.

Crawford Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Crawford Street Surgery

Crawford Street Surgery provides primary medical services through a General Medical Services (GMS) contract within the London Borough of Westminster. The practice is part of NHS Central London Clinical Commissioning Group and is within the 'Marylebone Village' group of three GP practices. The services are provided from a single location to around 4,600 patients. The list size has grown by almost a third in the last two years. The practice has higher than average numbers of patients in the 25-39 age groups. The practice population catchments area contains a high proportion of white British patients and the rest of patients are a mix of ethnic backgrounds including Arabic speaking Asian/Indian patients.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

Over the past two years the practice had been provided with management and clinical support from a management holding company, Harness Care Co-operative Limited. However, as announced on the practice website

January 2016 newsletter, the contract with Harness Care was coming to an end and from 1 April 2016 the practice would be under new management and clinical leadership. We were informed that a new GP partnership would be taking over the practice in place of the current GP partner and practice manager and there would be discussions taking place with the incoming new team to decide on staffing arrangements.

At the time of our inspection, there was one partner GP and a salaried GP (both female) employed at the practice who normally provide a total of 13-15 clinical sessions per week. The practice also employed a practice manager, a part-time practice nurse and a phlebotomist and three full-time medical receptionists. There was also a non-clinical partner.

The practice is open between 8:00am to 6:30pm Monday, Tuesday and Friday; 7:00am to 6:30pm Wednesday, and 8:00am to 1:00pm Thursday. There is an early morning clinic between 7:00am to 8:00am on Wednesday each week for booked appointments. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that needed them. The practice also offers telephone consultations and telephone triage where the doctors can speak to patients not able to make appointments during normal clinic hours.

There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call. Patients are also given details of a local walk-in facility open between 8:00am to 8:00pm Monday-Friday and 10:00am to 8:00pm at weekends.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 February 2016.

During our visit we:

- Spoke with a range of staff (the GP partner, a locum GP, the practice nurse, a district nurse, the primary care navigator, practice manager, and the three receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. The practice manager recorded all incidents on a log showing the details of the incident, the outcome of any investigation, action taken and lessons learned. However, there was no written protocol for the handling of incidents. The practice manager undertook to incorporate the protocol within the incident log immediately following the inspection.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports where lessons learned and action taken to improve safety in the practice were shared and recorded. The reports included reference to discussions of incidents within the practice but no minutes were taken to reflect these discussions. A recent example of a reported incident related to a recording problem in the system for requesting blood tests which resulted in blood not being tested as requested. The practice spoke with the pathology providers and identified action required to ensure correct recording and this was discussed with all staff within the practice to ensure extra vigilance when requesting blood tests. The practice also subsequently adopted an electronic pathology request system and there had been no recurrence of the recording problem.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. However, one of the GPs was unable to provide the certificate to evidence training this training and commenced further training immediately after the inspection.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and there were appropriate cleaning regimes in place. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw from the most recent audit that no improvement action was necessary.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. However, no record was kept of serial numbers of batch numbers to ensure full monitoring. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment for some staff. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found that there were no written references on file for two staff.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed in most respects.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. There was an evacuation plan in place including assembly points outside of the building but no fire drills had been undertaken in the last six months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw up to date certificates for this. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty. There was a service level agreement

with the management holding company to maintain appropriate staffing levels and the practice secured additional resources through the company, including locum staff to meet changes in demand.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all regular staff knew of their location. All the medicines we checked were in date and fit for use. However, not all medicines recommended in national guidance were kept in the emergency kit. The practice had initiated a review of the guidance before our inspection but on the day we visited had not yet completed a documented risk assessment of the reasons for not stocking the medicines excluded. The principal GP undertook to complete the assessment immediately following the inspection
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 18% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average: 100% compared to 80% and 89% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was slightly above the CCG and below the national average: 76% compared to 75% and 80% respectively.
- Performance for mental health related indicators was above the CCG and national average: 100% compared to 83% and 93% respectively.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed at the practice in the last two years, both of which had been

initiated by external organisations. These included an audit of patients at the practice receiving maternity services from a local NHS trust and a CCG led audit of GP data quality.

- Findings were used by the practice to improve services. For example, as a result of the CCG data audit, the practice improved its data quality by over 10% against four indicators; diagnosis information, significant information (such as end of life), level of detail recorded and inappropriate information (such as incorrect gender or age specific terms).
- The principal GP was undertaking a second cycle audit of ear nose and throat (ENT) referrals and was due to complete this for her GP revalidation appraisal within the next month. The full results for this were not available at the time of the inspection. A second cycle dermatology referral audit was also underway.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff and we saw the completed induction checklist for all those recently recruited. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw the completed appraisals for three previous members of

Are services effective?

(for example, treatment is effective)

staff who had since left the practice in the last year. Their replacements were not yet due appraisals but those for the practice manager and practice nurse were outstanding at the time of the inspection.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems.
- Patients were then signposted to the relevant service. For example, the practice had an in-house smoking cessation adviser and had introduced a health support worker to be based at the practice to help support patients with cardiovascular disease (CVD) risks and obesity. A total of 609 smokers had been identified and 87% had been offered cessation advice. 11 smokers had quit smoking in the last 12 months.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There were appropriate follow up arrangements in place for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 91% and five year olds from 56% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 69% of eligible patients) and NHS health checks for people aged 40–74 (completed for 39% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three patients commented on the delay in getting a routine appointment and two were concerned that the practice management was changing in April 2016.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One of the PPG members felt there had been a lack of information about the forthcoming change in practice management.

Results from the national GP patient survey (July 2015 data) showed patients felt they were treated with compassion, dignity and respect. The practice was broadly comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 73% said the GP gave them enough time (CCG average 81%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 85% said they found the receptionists at the practice helpful (CCG average 82%, national average 87%)

In preparation for the inspection the practice had reviewed more recent satisfaction scores from the GP patient survey and identified three areas that needed improvement, two regarding the time given to patients during appointments and one about patient involvement in decisions about their care. The scores were attributed mainly to a 30% increase on the practice list size. The practice would be reviewing these results at the next PPG meeting for their input and feedback.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. There was information on the screen in the reception area informing patients this service was available. When

Are services caring?

patients registered with the practice it was recorded if they had language support needs so that appropriate arrangements could be made during appointments. The practice check in screen was in six different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the information screen told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice manager had drawn up an electronic caring for carers template for this purpose and this had been adopted by other practices within the CCG. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice sent them a letter of condolence together with a leaflet providing details of bereavement counselling services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an early morning clinic between 7:00am to 8:00am on Wednesday each week for working patients and students who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, for example patients with complex needs and those with a learning disability and mental health problems.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice had a dedicated multidisciplinary team including a district nurses, rapid response team and primary care co-ordinator with whom they met regularly to discuss elderly patients and decide how to tailor care to prevent unnecessary hospital admissions.
- The practice encouraged a face to face review with a doctor and nurse at least once a year for a full medical review and care plan for patients with long term conditions.
- All new mothers are sent out a pack inviting them to book for a 6-8 week post-natal mother and baby check and they were also provided with an immunisation schedule.
- The practice had taken on and helped patients who were homeless and had struggled to register with a GP practice. The primary care navigator had supported these patients and facilitated their access to other local support services.

Access to the service

The practice was open between 8:00am to 6:30pm Monday, Tuesday and Friday; 7:00am to 6:30pm Wednesday, and

8:00am to 1:00pm Thursday. There was an early morning clinic between 7:00am to 8:00am on Wednesday each week for booked appointments. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. The practice also offered telephone consultations and telephone triage where the doctors could speak to patients not able to make appointments during normal clinic hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 51% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

The majority of people told us on the day of the inspection that they were able to get appointments when they needed them. Two people mentioned that they experienced a delay in getting a routine appointment.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a notice in the reception and a complaints leaflet and form which were given to complainants if they wished to raise their concerns formally. There was also information on the practice's website.

We looked at three written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff

Are services responsive to people's needs? (for example, to feedback?)

and with the practice team to communicate wider lessons learned and action was taken to as a result to improve the quality of care. For example, as a result of a complaint from a patient about the order in which patients were seen at appointments, clinical staff were reminded to ensure patients were made aware if there was an adjustment in the order due to the priority of their medical condition.

All complaints including face to face written and by phone were reviewed and analysed by the practice at an annual

meeting. We saw the record for this but the only written evidence of in - year communication of complaints within the practice was when the last all practice staff meeting was held in September 2015. Discussion of complaints was recorded in the minutes of that meeting but because of staffing changes and pending changes in the management of the practice no further formal meetings had taken place.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- As stated in the practice's statement of purpose which set out the aims and objectives of the service, the practice was committed to providing high quality primary care services that are locally accessible, from facilities that are clean, safe and modern.
- Not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients or staff at the practice. However, it was clear that staff were committed to the practice ethos of putting patients first and they were at the heart of the service they provided.
- The practice had over the past two years implemented a robust strategy and supporting business plans which reflected its vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- The practice undertook clinical audits initiated by the CCG and in house which it used to monitor quality. However, clinical audits initiated within the practice were awaiting the completion of the second cycle of audit.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- The governance arrangements included weekly clinical meetings. However, the practice recognised that these meetings needed to be minuted to provide documentary evidence of discussion and agreed decisions and actions.

Leadership and culture

The principal GP and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The principal GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. However, in the last six months we were told only one all practice meeting had taken place because of the staff changes that had occurred. The staff nevertheless had day to day informal discussions about on going practice issues.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice introduced double appointments for patients with serious medical issues.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice helped in a CCG pilot setting up Connecting Care for Children (CC4C) community clinics and piloted one at Crawford Street. This led to decreasing waiting times for paediatric referrals, using a multidisciplinary approach to cases and the use of on the day management plans discussed with a consultant and GP together. The scheme was not, however, continued beyond the pilot phase.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider must ensure care and treatment is provided in a safe way for patients by ensuring all staff were trained in safeguarding to the appropriate level; and through the proper and safe management of medicines. Regulation 12 (1), (2) (c) (g)
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: People who use services were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded prior to a staff member taking up post. Regulation 19 (1)(a), (2)(a), (3)(a)